

**REPORT TO THE
TWENTY-THIRD LEGISLATURE**

STATE OF HAWAII

2005

**PURSUANT TO
SECTION 329-3, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE
HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES
(HACDACS)**

PREPARED BY:

**HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES**

**DEPARTMENT OF HEALTH
STATE OF HAWAII
JANUARY 2005**

EXECUTIVE SUMMARY

Fiscal Year 2003-04 Annual Report for the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) is submitted pursuant to Section 329-3, Hawaii Revised Statutes (HRS).

Duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances are delineated in Section 329-4, HRS. The commission adopted the following as its mission statement:

The mission of HACDACS is to contribute to the solution of problems arising from substance abuse by acting in an advisory capacity to the Governor and the Legislature, and to the Departments of Health and Public Safety.

Pursuant to Section 329-2, HRS, the 15 commission members "... represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community."

Fiscal Year 2003-04 Annual Report for the commission contains information on its membership, organizational structure and highlights of activities. Recommendations to address the issue of substance abuse are as follows:

HACDACS recommends ensuring that substance abuse prevention and treatment services are available, accessible and affordable.

HACDACS recommends the identification and support for strengthening and expanding the capacity of evidence-based substance abuse prevention and treatment services.

HACDACS recommends the identification and support for strengthening and expanding the capacity of culturally and gender sensitive substance abuse prevention and treatment services.

HACDACS recommends support for establishing uniform performance measures for publicly funded substance abuse prevention and treatment programs.

HACDACS recommends continued support for the collaborative efforts of the Departments of Health and Public Safety, the Hawaii Paroling Authority, and the Judiciary that address substance abuse treatment for nonviolent offenders.

HACDACS recommends support for efforts to attract, credential and retain a high quality, diverse workforce that is responsive to the client population.

HACDACS recommends support for strengthening efforts that ensure accountability, as well as coordinated and collaborative responses, throughout the substance abuse prevention and treatment systems.

**REPORT TO THE LEGISLATURE
SUBMITTED BY
THE HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES (HACDACS)
FOR FISCAL YEAR 2003-04**

Duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) are delineated in §329-4, Hawaii Revised Statutes (HRS). The commission adopted the following as its mission statement:

The mission of HACDACS is to contribute to the solution of problems arising from substance abuse by acting in an advisory capacity to the Governor and the Legislature, and to the Departments of Health and Public Safety.

Pursuant to Section 329-2, HRS, the 15 commission members are "selected on the basis of their ability to contribute to the solution of problems arising from the abuse of controlled substances, and to the extent possible, shall represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community." The commission is attached to the Department of Health for administrative purposes.

MEMBERS BY CATEGORY OF APPOINTMENT AND TERM OF OFFICE

JUDITH AKAMINE

(East Hawaii) - Community and Business Affairs - 6/30/06

GARY L. BLAICH, M.D.

(Kauai) - Medical - 6/30/07

LANI L. BOWMAN

(West Hawaii) – Community and Business Affairs - 6/30/05

THE REVEREND ALISON M. DINGLEY

Community and Business Affairs - 6/30/05

KRISTINE M. FOSTER

Community and Business Affairs - interim

KEVIN M.F. HO, Pharm. D.

Pharmacology - 6/30/05

BART S. HUBER

Enforcement - 6/30/05

T. VIVIAN ISHIMARU-TSENG, M.D.

Medical - 6/30/05

BARBARA-ANN KELLER

Youth Action - 6/30/05

MITCHELL “MITCH” KEPA

(Maui) Education - 6/30/05

CHAD Y. KOYANAGI, M.D.

Medical - 6/30/05

BERT Y. MATSUOKA

Youth Action - 6/30/04

WENDELL T. MURAKAWA

Corrections - interim

THELMA C. NIP

Education - 6/30/05

BARBARA A. YAMASHITA

Community and Business Affairs - interim

On January 17, 2002, members voted unanimously to elect Bart Huber as Chairperson and Thelma Nip as Vice-Chairperson. Monthly meetings were scheduled for the third Thursday of each month.

The commission is organized into three regular committees, an ad hoc committee and one liaison. Their respective areas of focus are:

Committee to Increase Public Awareness. Focuses on public health approaches to educate the public – policy makers, educators, public officials and civic leaders, employers, community-based organizations, health and wellness professionals and practitioners, insurers, consumers of substance abuse services and their families and friends, staff working in the criminal justice system and labor unions – that addiction is a treatable chronic disease. (Kevin M.F. Ho, Pharm.D. and T. Vivian Ishimaru-Tseng, M.D., Co-chairs; Alison Dingley, Bart Huber and Mitchell “Mitch” Kepa)

Committee to Seek Policy Change. Focuses on issues that impact the financing of substance abuse treatment and the continuum of services, including but not limited to child care services, vocational services, mental health services, medical services, educational services, HIV/AIDS services, legal services, financial services, housing, transportation services and family services. Committee activities involved collaboration with agencies and organizations involved in obtaining Hawaii actuarial data on substance abuse treatment benefit utilization. (Gary Blaich, M.D., Chair; Judith Akamine, Kris Foster, Barbara-Ann Keller, Chad Koyanagi, M.D., Bert Matsuoka and Wendell Murakawa)

Committee to Promote Prevention Activities. Focuses on community-based services and the activities directed toward the prevention of substance abuse. The Committee’s focus on prevention – the promotion of constructive lifestyles and norms that discourage drug use and the development of social and physical environments that facilitate drug-free lifestyles – recognizes the need for multiple strategies and that prevention is an ongoing process that must relate to each emerging generation. (Thelma Nip, Chair; Gary Blaich, M.D., Lani Bowman, Bart Huber, Mitchell “Mitch” Kepa, Barbara Yamashita)

Ad Hoc Committee on Annual Report. Drafts and finalizes HACDACS Annual Report (Wendell Murakawa, Chair; Judith Akamine, Alison Dingley, Thelma Nip)

Liaison. A liaison provides representation to the Department of Public Safety. (Wendell Murakawa)

SUBSTANCE ABUSE TREATMENT WITHIN THE CRIMINAL JUSTICE SYSTEM

During Fiscal Year 2003-04, members heard presentations by speakers representing the Department of Public Safety, the Judiciary and the Hawaii Paroling Authority.

Substance Abuse Treatment within the Corrections System. The Department of Public Safety provides three levels of primary treatment so that inmates can be treated at the least intensive level necessary. Level I is primarily educational for inmates who have histories of substance abuse but no known symptoms of substance dependency. Level II combines addiction education with group counseling for inmates who have histories of substance dependence but who do not appear to require intense treatment. Level III treatment in the Department's Therapeutic Communities (TC) provides intensive residential treatment for inmates who have more serious psychosocial problems in addition to substance dependence. Because criminality is a problem for virtually all inmates regardless of the severity of their substance use disorder, all levels of treatment provided by the Department address criminality.

Assessments and Referrals. All convicted and sentenced inmates are processed through the Reception, Assessment and Diagnostic Unit (RAD) located at Halawa Correctional Facility (HCF). The Department of Public Safety (PSD) uses the Texas Christian University Drug Screen to assess all the inmates with a history of substance abuse and recommend/refer them to the most appropriate level for treatment services.

Treatment Services.

Level I substance abuse education and prevention is a 40-hour primarily educational program over a six to ten week period of time for inmates with a history of substance abuse but no symptoms of dependence. It provides education about the risks of drug and alcohol abuse and alternative coping strategies. It is designed to intervene in inmates' possible progression to more serious substance abuse and dependence and to offer them healthy alternatives in stress management and problem solving. It can also be used for inmates who have completed substance abuse treatment and who have succeeded in recovery but have experienced brief relapses into their addiction prior to incarceration.

Level II treatment provides a minimum of 80 hours of inmate/counselor contact over at least a 16-week period of time. It is for inmates who meet diagnostic criteria for substance abuse or dependence that has caused minimal disruption in their psychosocial or vocational functioning. It may also be appropriate for inmates who have completed treatment programs in the community or those previously incarcerated but have not been able to maintain their recovery consistently. Level II treatment consists of education in addiction, relapse prevention, criminal thinking errors, and recovery skills. It also provides group and individual counseling and on-going assessment and treatment planning. Through the process of participating in Level II treatment, some inmates may be assessed as needing more intensive treatment.

Level III is an intensive long-term residential treatment program lasting 9-15 months in therapeutic communities. It is for inmates who are diagnosed as substance dependent and who are assessed as having significant psychosocial impairment and deficits, which also need treatment. Level III consists of intensive group therapy in addition to education in

addiction, recovery, criminal thinking and in life skills. All facets of Therapeutic Community (TC) life are treatment oriented. As the TC residents live and work together separated from the general population, they encourage and challenge each other to practice recovery skills and to change their criminal thinking and behavior. TC counselors develop individual treatment plans with each offender and continually evaluate their progress in relation to those plans.

The first two phases of the TC program are orientation to treatment and primary substance abuse treatment. The third phase involves preparing the inmate for transition back into the community. Inmates who need intensive transitional services are referred to the Bridge Program.

The Therapeutic Community approach to substance abuse treatment is a psychosocial, experiential learning process, which utilizes the influence of positive peer pressure within a highly structured social environment. The primary therapeutic change agent is the community itself, including staff and program participants together as members of a “family.” The culture is defined by a mutual self-help attitude where community members confront each other’s negative behavior and attitudes. They establish an open, trusting and safe environment where personal disclosure is encouraged, and the prison culture of the general population is rejected. Participants need to view staff as role models and rational authorities rather than as custodians or treatment providers.

The Judiciary. As an independent branch of government, The Judiciary seeks to provide all people a fair and just resolution of all cases and controversies brought before it, in an efficient and accessible manner.

Goals.

- Independence and accountability
- Public trust and confidence
- Access to justice
- Expedition and timeliness
- Equality, fairness and integrity
- Responsibility for enforcement
- Court supervision of all referred offenders
- Court decisions and actions
- Presentence and other investigations of referred matters

Statewide adult felons and probation officers as of June 2003.

First Circuit (Oahu)	52 officers	6,801 offenders
Second Circuit (Maui)	12 officers	1,892 offenders
Third Circuit (Big Island)	13 officers	2,200 offenders
Fifth Circuit (Kauai)	5 officers	489 offenders

Annual Average Court Caseload Activity (Base Year FY 1996-1997).

Total annual criminal case dispositions:	
Circuit Courts	3,215

District Courts	15,607	
Family Courts		<u>3,085</u>
Total Dispositions	21,907	

Circuit of the First Circuit:

Monthly Average Arraigned	220
Monthly Average Convicted	166

The National Institute of Corrections' *Hawaii Probation Revocation Study: Results on Questions About Probation Violators* (October, 1995) –

- Sample of 485 probation cases.
- The most frequent types of violation for formal Motion to Revoke were those who tested positive on drug tests (27%), and failure to participate in treatment (20%).
- The most frequent types of violation for the general population were failure to report (48%) and positive drug test results at (16%).
- Using this information and a probation population of 6,800 felons and 500 filings, between 217 to 294 targeted violators are projected from 1088 substance abusing offenders.

Hawaii Paroling Authority. The Hawaii Paroling Authority (HPA) is administratively attached to the Department of Public Safety. Parole is part of the sentencing system, which is comprised of: (a) a judge who decides whether an offender is to be incarcerated, or to serve an alternative sentence appropriate for the convicted offender; (b) sentencing provisions which are specified in the Hawaii Revised Statutes (i.e., life for murder, 20 years for Felony Class A, 10 years for Felony Class B, 5 years for Felony Class C); and (c) the Hawaii Paroling Authority, which establishes the minimum terms of imprisonment, grants or denies parole, revokes parole when necessary, and provides supervision of paroled individuals. The HPA also investigates and makes recommendations on applications for gubernatorial pardons.

The responsibilities, duties and procedures for release, supervision and recommitment are delineated in the Hawaii Revised Statutes and Hawaii Administrative Rules. In establishing minimum terms, three primary criteria are considered: the nature of the offense, the degree of injury or loss to person(s) or property, and the offender's criminal history. More severe offenses and offenses against persons receive more time than do either property or drug offenses. An offender is more likely to be categorized in a higher level of punishment if records indicate a history of increasing criminal justice involvement, greater seriousness of offense and lack of commitment to a pro-social lifestyle.

Conversely, factors that may lower the level of punishment include but are not limited to: the offender's co-participation in a crime was less extensive, the offender cooperated in the apprehension and/or conviction of other participants in the crime, the offender demonstrated diminished capacity through either mental illness or severe emotional distress, and the victim's involvement in or contribution to the incident is deemed significant.

Offenders receive their initial parole hearings at least a month before expiration of the minimum term set by the Parole Board. During the hearing, the offender has access to consultation in preparing a pre-parole plan (which specifies the offender's housing and employment

arrangements after release) and may be represented by counsel at the hearing. The Board issues written reasons for denial of parole; the Board is required to hold additional hearings at least annually until parole is granted, or the maximum term of confinement expires.

In general, parolees receive maximum levels of supervision for the first six months. A parolee's violation of any of the terms and conditions of parole may result in imprisonment. The Parole Board holds a hearing after such returns to determine whether parole should be revoked. After the hearing, the parolee may be: found guilty of charges and parole is revoked, found guilty of charges and released back to parole, or found not guilty of charges and released back to parole.

In general, parolees receive maximum levels of supervision upon release. The parolee meets with the parole officer and is also subject to field visits and curfew checks via phone calls. If the parolee remains in compliance with the conditions of parole, the level of supervision may be reduced to a more moderate level of supervision wherein the frequency of meetings, field visits and phone checks by the parole officer are reduced. Supervision of parolees varies on a case-by-case basis. The parole officer, however, has discretion over the number and types of contacts with the parolee and the level of supervision may be increased or decreased as deemed necessary.

Of the agency's 45 positions, 27 are parole officers, who are assigned to general and special needs subpopulations such as those requiring intensive parole supervision (before imposition of sanctions), sex offenders, the mentally ill and high needs females. Parole officers are each assigned 120 – 130 parolees, which is twice the national average.

COORDINATING BODIES CHARGED WITH ADDRESSING THE ISSUE OF SUBSTANCE ABUSE

In addition to HACDACS, there are other bodies charged with addressing the issue of substance abuse:

Hawaii Drug Control Strategies Action Planning Ad Hoc Committees. The action planning process began in May 2004 and is a follow-up to the Hawaii Drug Control Summit, which was held in September 2003. Individuals representing professionals in diverse fields, as well as community members, are discussed critical issues relating to substance abuse and underage drinking: prevention, community mobilization, multi-sector collaboration, treatment and legal issues.

Drug Endangered Child Protection Program Task Force. Act 40, Session Laws of Hawaii 2004, created the Drug Endangered Child Protection Program Task Force to analyze the effects of ice use by children and the effects upon children whose household members use ice. The Task Force is charged with developing a first response program by law enforcement and child welfare workers to protect the child who is discovered in a drug house or clandestine methamphetamine laboratory. The Department of Human Services is designated as the lead agency and will coordinate the efforts of the Department of Health, Department of Human Services, Department of the Attorney General, Department of Education, county police departments, county prosecutors, the Judiciary and community agencies to develop the drug endangered child protection program.

Action Planning by the Department of Public Safety. Act 44, Session Laws of Hawaii 2004, designates the Department of Public Safety to work with communities on action plans, educate the communities about drug interdiction activities, assist communities with complaints regarding law enforcement's responsiveness to drug activities within the community, facilitate information sharing and provide technical support. The Department of Public Safety is directed to coordinate drug abatement efforts of the communities with the state, counties, and community agencies, by: facilitating sharing of resources and information; providing technical support for community mobilization groups; establishing community action plans for drug education, awareness, and prevention; and facilitating problem solving in the delivery of law enforcement services by state and local agencies to the community.

Judiciary - Interagency Council on Intermediate Sanctions. Chief Justice Moon appointed the Interagency Council on Intermediate Sanctions in January, 2002 to guide the development of a shared vision and the implementation of enhanced intermediate sanctions. Composition of the Council is as follows: Deputy Chief Judge, Criminal Division, First Judicial Circuit, who serves as Chair of the committee; Chief Judge, Second Judicial Circuit; Chief Judge, Third Judicial Circuit; Chief Judge, Fifth Judicial Circuit; Attorney General; Director of Health; Director of Public Safety; Chair, Hawaii Paroling Authority; Public Defender; Prosecuting Attorney, City and County of Honolulu; and Police Chief, City and County of Honolulu.

Interagency Offender Substance Abuse Treatment Coordinating Council. Issues to be addressed by the Interagency Offender Substance Abuse Treatment Coordinating Council in Act 161-02 implementation include: tracking of Act 161-02 first-time, nonviolent offenders enrolled in substance abuse treatment and the means of financing (i.e., self-pay, health insurance coverage, Medicaid/QUEST, criminal justice agencies' funding, ADAD-funded services); clarifying whether Act 161-02 first-time, nonviolent offenders are included in agreements executed under Act 259-01 and Act 175-02 appropriations; develop a statewide plan for substance abuse treatment for offenders; the long-term plan should encompass the continuum of care and identify service gaps for offender subpopulations: supervised release, probation, corrections (jail and prison) and parole; and compiling an inventory of currently budgeted services by offender subpopulations served by geographic area as well as funding source, period and amount.

Establishing an overarching coordinating body. During the 2004 Session, Administration proposals (H.B. 2483 / S.B. 2958 and H.B. 2484 / S.B. 2959) were introduced to:

Repeal Sections 321-194, 329-2, 329-3, 329-4, Hawaii Revised Statutes (HRS); and amend Sections 321-191, 334-10 and 334-11, Hawaii Revised Statutes, to abolish the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and increase the flexibility necessary to establish one overarching coordinating entity to develop the Hawaii drug control strategy.

Repeal Section 321-193.5, HRS, to abolish the Interagency Offender Substance Abuse Treatment Coordinating Council.

The arguments to support the statutory amendments to abolish the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and the Interagency Offender Substance Abuse Treatment Coordinating Council are as follows:

Flexibility is necessary to establish one overarching coordinating entity to develop the Hawaii drug control strategy.

The proposed statutory amendments would reduce the number of bodies – boards, commissions, task forces, committees, councils – advising public officials within the Executive and Legislative Branches of government and would reduce duplicated efforts.

Over time there have been numerous changes in both the way that the public can communicate with officials, as well as officials’ and the public accessing current information on alcohol and other drug abuse issues.

The proposed statutory amendments will not diminish the role of interested individuals and their families, whose views can be presented through other avenues such as the ad hoc committees that will address the 11 strong recommendations that arose from the “ice” summit. In addition, the public can communicate with officials via telephone, fax, letters or e-mail.

CLANDESTINE DRUG LABORATORIES

As reported by the Honolulu Police Department – Narcotics/Vice Division, the manufacturing of illicit drugs through the clandestine drug laboratory or “clan lab” involves many people who have no formal education in chemistry. A clan lab can be very elaborate or simple. The location of the lab could be clean, well organized or dirty, messy and disorganized. Clan labs have been found in every neighborhood on Oahu. These include rich and poor residential neighborhoods, in industrial areas, hotel rooms, condominiums, town houses, open fields, abandoned structures, buses and other vehicles.

Types of drugs made in clan labs. The most common type of illicit drug manufactured in a clandestine drug lab is methamphetamine. Other types of drugs that have been found in clandestine drug laboratories across the United States include:

- Amphetamine - Speed
- Methamphetamine - Ice, Batu, Crystal Meth
- GHB - Gamma-hydroxy butyrate, Date Rape Drug, Salty Water
- LSD - D-lysergic acid Diethylamide, Acid
- MDMA - 3,4-methylenedioxymethamphetamine, Ecstasy, XTC, Hug Drug, Adam

Laboratory equipment. A clan lab may have the latest in professional laboratory chemical equipment and glassware. However, they usually consist of an assortment of normal household cooking equipment like Mason canning jars, 1 or 2 liter soft drink bottles, any heat resistant glass cookware, coffee decanters, coffee filters, solvent cans, plastic or rubber hoses, electric blenders and kitchen baking funnels.

Chemicals found at a clan lab. You might see all or only some of these normal household chemicals that are used to manufacture illicit drugs such as Muriatic Acid, Caustic Soda, Red Devil Lye, Rock or table salt, camping fuel, paint thinners, Toluene, automobile or diesel starting fluid, denatured or rubbing alcohol, Iodine tincture or crystals, numerous (more than a normal household would use normally) pseudoephedrine, Sudafed or cold tablets that contain the chemical ephedrine.

Clan labs are usually very mobile in nature. The "cook" or chemist will manufacture the illicit drugs and then immediately "box" the lab for storage, shipment or hiding. The constant moving of a laboratory helps avoid the loss of laboratory equipment due to seizure. Boxed labs are often kept in storage lockers, garages, trailers, vehicles, etc.

Types of Clan Labs –

Operational laboratory. This is a clan lab that is in the process of "cooking" (i.e., synthesis or blending of chemical ingredients). This is the most dangerous stage because some of the chemicals used can be unstable and highly reactive with other elements. During the "cook" blending or synthesis toxic gasses are released, a fire or an explosion could occur.

Non-operational laboratory. This clan lab has been just set up to begin a cook but has not started the process yet. It can also be a clan lab that has just completed a cook and has not been dismantled. A clan lab in this stage should not be considered less dangerous than an operational laboratory. You may find chemicals not stored or out of their original containers, contaminated glassware, chemical/acid spills and chemical residue that might ignite from friction/ heat, exposure to air or water.

Boxed laboratory. The boxed laboratory is one that has been dismantled and put away. Again, this is still a dangerous situation. Chemicals may not be stored or be out of their original containers, contaminated glassware, chemical/acid spills and chemical residue that might ignite from friction/ heat, exposure to air or water.

Dangers and hazards of a clan lab –

Fire - Heating elements are used in some synthesis. Heat can also be generated by two or more chemicals or elements reacting with each other.

Explosions - A violent chemical reaction between chemicals, water and/or air could result in an explosion.

Chemical Burns - Acids are used in some synthesis process of producing illicit drugs. Physical contact with a contaminated item or area could result in a chemical burn.

Toxic Gases - Lethal phosphine and phosgene gases, and other non-lethal but irritant or obnoxious odor gases.

OTHER TOPICS DISCUSSED

Professionals for Drug Free Kids (PDFD), Hawaii State Bar Association. In 1991, a committee of two attorneys took on the task of duplicating the Maryland Drugs & Kids Project in Hawaii. The committee recruited volunteers and made over 20 presentations. After the first year, volunteers realized the importance of a doctor/lawyer presence in the schools and the magnitude of the drug-free message. Volunteers served as role models, inspiring students to think about the kind of careers they would like to have. After 5 years, a naming contest was held and the Drugs & Kids Project was renamed as the Professionals for Drug Free Kids (PDFK) Project.

Project goals are to: help the largest number of fourth grade students to be aware of the legal and medical consequences regarding drug, alcohol and tobacco use and abuse; provide teams of legal and medical professionals to impart this awareness who will serve as positive role models for students attempting to find a good, constructive approach to being who they want to be; assist with the development and strengthening of students' social awareness, decision-making, and peer pressure resistance skills; build self-confidence and self-esteem towards a health physical and emotional lifestyle; and give the students the information and confidence to help them to realize that they have the ability to make their own decisions and to help them to recognize the consequences of their decisions.

Throughout the past 13 years, PDFK has gained support from many attorneys who previously had not participated in any Hawaii State Bar Association activities. Legal professionals are usually attorneys; medical professionals include doctors, dentists, nurses, substance abuse counselors, chiropractors, pharmacists and medical students. Requests for presentations from schools have increased and the project has received media attention, with newspaper articles and television news segments.

To prepare volunteers for presentations, a workshop is held about a month prior to PDFK Week. The training includes a teacher who explains the "do's and don'ts" about talking to fourth graders. A medical professional talks about harmful drugs and their effects and an attorney discusses legal consequences of drug abuse. Skits and outlines are suggested and a video of an actual presentation is shown. During the training, a list of requesting schools is posted to assign volunteers.

Presentations, which include skits and student participation, take about 45 minutes to an hour. Volunteers meet or phone each other prior to the presentation to discuss the format to be used. The legal volunteer picks up materials from Hawaii State Bar Association and makes the initial contact with the school and the medical partner.

Sassy Magazine. Double Talk Publishing, LLC consists of *Sassy Magazine*, *G Magazine*, SassyMag.com and teen think tank and/or focus groups, the Sassy Teen Board for females and G-Force for males.

Goals of the organization are to: partner with all elements of the educational system – by involving students, teachers, parents, administration, businesses and the community; and utilize *Sassy* and *G* magazines to not only empower students to become literate, successful, functioning and constructive members of society but to also allow students to recognize within themselves the potential to become tomorrow's leaders.

Sassy Magazine is a bi-monthly, free publication whose mission is to serve as the voice for Hawaii's female pre-teen and teenage market. *Sassy Magazine* is the premiere magazine that female teens pick up to learn about their school, their community and the latest trends. In addition to 50,000 copies distributed through public and private middle, intermediate and high school homerooms, the magazine is distributed at major malls across Oahu, stand-alone stores and retail outlets.

G Magazine, which is on the flip or backside of *Sassy Magazine*, targets teenage males and serves as a lifestyle support system through targeted male columns, articles and feature writers. *G Magazine* offers the "phattest," "freshest," and "tightest" information surrounding gaming, fashion, trends, athletics, technology and advice.

sassymag.com is an offshoot of the printed publication, allowing teens to interact, discover "cool" and safe events and to link their own sites to the *sassymag.com* site. The website offers youth an opportunity to gather additional information about issues, including links to partner sites such as nonprofit organizations, local businesses and more.

Sassy Teen Board and *G-Force*, which are composed of male and female teens, are the publication's promotional arm, serving as positive role models that reach directly into schools and communities. The youth "think tank" is used for focus groups, branding purposes and youth marketing conceptualizations. Teens serve as interns for one year and are educated on tobacco and drug use, teen dating violence, grooming, environmental issues, nutrition, public speaking and fundraising.

Public education messages on underage drinking. The first Teen Video Awards (on May 6, 2004) brought students from Oahu, Maui, Kauai, Molokai and Hawaii together to view the 131 public service announcements (PSA's) entered into the contest. The contest was created with the co-sponsorship of the Hawaii Medical Service Association (HMSA), the Hawaii Department of Education, Sassy/G Magazine and Mothers Against Drunk Driving to address the problem of drugs, underage drinking and smoking among Hawaii's youth. Commissioner Vivian Ishimaru-Tseng served as a judge for the contest. Each PSA was 27 seconds, with an added three seconds to display the credits. The top four PSAs were aired on local TV stations.

Parity in Insurance Coverage for Substance Abuse Treatment. Part V (Sections 15-18, and Section 33) of Act 44, Session Laws of Hawaii 2004, provide for parity in insurance coverage for substance abuse treatment.

Addiction is a bio-psycho-social disease, a distinct disorder requiring ongoing treatment and intervention, not only episodic or acute care. A person's addictive disorder cannot be addressed in isolation from addressing biological, psychological, or social needs.

As a complex bio-psycho-social disorder, substance abuse tends to be chronic and relapsing by nature. From a clinical standpoint, it should be likened to hypertension or diabetes, diseases which require intervention, if the client is to attain and maintain recovery. Some clients, by virtue of the severity of their addiction, will require a lifetime of intervention in order to maintain recovery.

Providing coverage for alcohol and drug dependence benefits on par with other illnesses

provides consumers who are covered by medical insurance unimpeded access to treatment services. Insured clients who exhaust their benefits are shifted to publicly-funded alcohol and drug abuse treatment programs, and thus increasing costs for "safety net" programs intended for those who are unable to pay for services.

Access to services is impeded by individuals' lack of insurance coverage and increases demands for services for secondary conditions that include HIV disease, fetal alcohol syndrome, cardio-pulmonary disease, cirrhosis, injuries resulting from vehicular crashes, and other substance abuse related incidents. The cost shifting from insurers to publicly-funded substance abuse treatment programs increases costs for "safety net" programs intended for indigent clients.

RECOMMENDATIONS FROM THE HAWAII DRUG CONTROL STRATEGY SUMMIT*

Hawaii Drug Control Strategy Summit. The primary goal of the Hawaii drug control strategy is to provide a comprehensive and integrated approach that will: stop illicit drug use and underage drinking before they start; treat drug and alcohol abusers; and intervene in the distribution of illicit drugs.

The aim of the Hawaii drug control strategy is to cultivate community capacity and improve the quality of life in the State of Hawaii by reducing illicit drug use and underage drinking. The strategy provides a prospectus for developing and enhancing prevention, treatment and drug interdiction programs. The framework is intended to assist policymakers, community leaders and residents in designing and implementing community-focused, anti-substance abuse approaches based on exemplary, research-based 'best-practices' and evidence-based outcomes. Drawing upon government-community partnerships, the strategy will reduce the factors that place residents at risk for substance abuse and increase protective factors to safeguard the people of Hawaii from the negative consequences associated with illicit drug use and underage drinking.

The summary of recommendations developed during the Hawaii Drug Control Strategy Summit convened in September 2003 is as follows:

Coordinated Efforts. Support community building coalitions to leverage and coordinate resources that are responsive to community needs and efforts that reduce, prevent, and eliminate drug related problems. We will employ strategies that are: culturally and gender sensitive, all inclusive, respectful of locally designed geographic areas, and active and effective.

Treatment Access.

* Hawaii Drug Control Strategy Summit, September 15-17, 2003.

The State of Hawaii will provide optimal funding for comprehensive treatment on demand to the people of Hawaii of all age groups to assure: expanded treatment capacity; evidenced-based treatment and best practices; availability and accessibility; program diversity; responsiveness to age, gender, and gender identity, geography and culture; sufficient length of stay through recovery continuum; and Pono (right person, right treatment, right time).

To ensure adequate funding and services from public and private sources to provide a full continuum of comprehensive, appropriate, effective and efficient substance use disorder treatment to all people who want/need services without discrimination.

Legal Changes.

Change State laws to enhance society's ability to eliminate alcohol abuse and drug use. Changes are needed in the following areas – empowering parents - free parents to be parents by: refining domestic abuse laws for parents and children; reviewing and enacting effective laws to allow parents to guide the behavior of their children; empowering justice system/increase collaboration; reviewing and enacting effective laws for enforcement, rehabilitation and implementation (i.e., stop drug supply, wire taps and search seizures, effective police tools, mandatory treatment).

Provide law enforcement with the laws and means necessary to arrest and prosecute drug dealers; and provide judges with the laws and means for appropriate sentencing of drug dealers and users, consistent with civil liberties.

Treatment philosophy. As a disease, substance abuse is a public health problem. Therefore, the effective treatment approach must include: person-centered model, diversity of services and methodology, adequate funding based on individual needs.

Strategies to increase funding include: asset forfeiture to establish an emergency fund for treatment, full and comprehensive parity for substance abuse treatment for youth and adults, federal grants should be pursued aggressively (dedicated grant writer), demand reduction assessment fund collected in every case, and private sector initiatives.

All government agencies must adopt this public health model (DPS, DOH, DHS, DOE, etc).

The ice epidemic is public health emergency requiring an immediate public health response. In order to allow centralized planning, development, prioritizing, and allocation of resources, there must be a single point of authority and accountability for dealing with substance abuse issues.

Centralizing body.

Create a Hawaii Substance Abuse Commission endorsed by all three branches of government and comprised of Executive, Legislative, Judicial, Public, Private, Community and Consumer representation. The purpose of the commission is to: create a state philosophy and guiding principles, establish and coordinate accountability

processes, assure collaboration and cooperation between all stakeholders, recommend funding priorities, promote evidenced-based practices, and serve as an advocate on the issue.

Appoint a temporary director as soon as possible to: oversee and provide necessary follow-up of all of the summit recommendations, and have legislation prepared for the 2004 Session to establish an executive branch level office or body.

Multi-sector collaboration. Establish community based state-supported collaboration that will strengthen and expand a continuum of services that is culturally sensitive, utilizing promising and best practices.

We the communities of Hawaii, in the Spirit of aloha, will be equal voices and partners in designing, developing, and deciding strategies, resources, and systems of allocation to attain and sustain all our agreed upon goals

Communities will create and develop action groups/summits with inclusive, diverse representation to strategize and mobilize to access resources that will foster and support safe and healthy ohana units.

Ad hoc committees. The Hawaii Drug Control Strategy Action Planning process commenced on May 11, 2004. Ad Hoc committees have been formed to address treatment, legal changes, prevention and community mobilization. The selection of Ad Hoc Committee members was based on a number of criteria, including the opportunity for collaborative engagement, the ability to see the big picture and identify opportunities for integration between services, participation in the September 2003 Summit, neighbor island representation, diverse viewpoints, subject matter expertise, ability to represent key constituent viewpoints, community-based representation, and business sector involvement.

JOINT HOUSE-SENATE TASK FORCE ON ICE AND DRUG ABATEMENT **SUMMARY OF RECOMMENDATIONS FOR LEGISLATION, FUNDING AND** **POLICIES***

Recommendations for Legislation.

Enhanced Criminal Penalties to Protect the Public. Provide enhanced criminal penalties for harm caused to children exposed to ice in the home, dangers caused by methamphetamine labs (meth labs), operating meth labs near schools and public parks where people are likely to be injured if the lab explodes and distributing drugs to pregnant women. The Task Force also recommends enhanced criminal fines and penalties for drug traffickers and amending the drug paraphernalia laws.

Substance Abuse Treatment for First Time Offenders. Amend Act 161, SLH 2002 to clarify provisions relating to repeat offenders, criteria for eligibility for drug treatment as diversion from incarceration and to permit more discretion by the court in sentencing, including setting the

* Final Report of the Joint House-Senate Task Force on Ice and Drug Abatement, January 2004.

terms of probation. To the extent that offenders eligible under Section 706-622.5, HRS, can be appropriately diverted to Drug Court programs, Drug Court should be the first option for the most difficult cases that need more supervision to maximize success in drug treatment.

Child Protection. The Task Force recommends that a multiagency task force be convened to prepare a drug endangered child protection program to be submitted to the Legislature 20 days before the commencement of the 2005 Legislative Session.

Civil Commitment. The Task Force recommends that Section 334-121 et seq., HRS, be amended to permit family members to expeditiously seek civil court intervention when private sources to pay for treatment are available. This would relieve the criminal justice system of drug abusers who would not otherwise become involved in the system but for the illegal drug use.

Student Discipline for Drug Offenses. Amend the zero tolerance policy (§302A-1134.6, HRS) to require referral to treatment before disciplinary action is taken.

Insurance Parity for Substance Abuse Treatment. Amend Chapter 431M, relating to mental health and alcohol and drug abuse treatment insurance benefits, to remove the benefit restrictions and lifetime cap on the number of treatment episodes for substance abuse treatment. This will eliminate the current disparity between substance abuse treatment benefits and mental illness treatment benefits created when the Legislature passed Act 197, SLH 2003.

Workplace. The Task Force recommends that:

Employers with more than 15 employees be required to provide three hours of mandatory drug education and awareness each year to its employees.

Providing a tax credit of \$250 for employers who institute drug prevention and education programs for their employees.

Providing a tax credit for employers who partner with community-based treatment organizations to provide jobs for those in recovery who maintain a clean and sober lifestyle.

Private sector employers of 25 or more employees be required to maintain health insurance benefits for three months that provide substance abuse treatment for an employee who is terminated for impairment of performance due to substance abuse or working under the influence of drugs, provided that the employee is otherwise eligible for health insurance benefits under the employer's policies. Excluded from this requirement are employees who are terminated for sale, distribution or manufacture of illegal drugs at the workplace, who are terminated due to the inability to work because of arrest or conviction for criminal activity relating to the sale, distribution or manufacture of illegal drugs or who are terminated for theft, violence or safety reasons, even if such actions are related to the drug use. Employees eligible for continued benefits would have to be employed for more than one year or have completed the probationary period. Excluded from this requirement are employees who are subject to federally mandated drug testing programs and those who hold management, safety-sensitive or trust positions.

Recommendations for Funding Priorities.

Adolescent Substance Abuse Treatment. Allocation of \$4.5 million to fund school-based treatment programs commencing at the middle schools.

Substance Abuse Prevention. The Task Force recommends that:

\$3 be spent on every resident (\$3.6 million) for substance abuse prevention. Every effort should be made to obtain federal funding using State matching funds if necessary. The programs to be funded should be consistent with the policy guidelines adopted by the Legislature. The Task Force supports school based prevention programs but does not recommend separate funding for school-based prevention programs at this time. The Task Force will await more information from the Department of Education about its use of existing federal funding and its recommendations.

Stable funding for prevention programs, with an earmarked revenue stream in order to ensure long-term funding. Possible revenue streams may include a special tax, a portion of taxes levied on certain consumer items such as alcohol or tobacco or estate taxes. Alternatively, some of the cost savings from government services that are expected to decline due to the effectiveness of treatment and prevention efforts may be dedicated to prevention programs.

Adult Substance Abuse Treatment.

Allocation of \$10.7 million for adult treatment services. The Task Force recommends that women of childbearing age, pregnant women, parents of young children in the home and Hawaiians receive priority for treatment.

\$150,000 be appropriated to conduct a new needs assessment for adult substance abuse treatment services.

Women of Child-bearing Age, Parents with Children. Increased funding for prevention programs directed toward at-risk women of child-bearing age, increased funding for treatment programs for pregnant women, women with young children and that parents with children in the home who are not involved in the criminal justice system receive a higher priority for public funded treatment programs. The Task Force requests that Departments of Human Services and Health explore the use of TANF funds and other federal funds for these purposes.

Drug Interdiction. Expansion of the canine drug interdiction program and \$75,000 for the Sheriff's Department.

Substance Abuse Treatment for First Time Offenders. Treatment services for offenders eligible under Act 161 should be funded. Using the Drug Court costs for treatment and case management as a benchmark, even if treatment costs were \$8,000, this is far less costly than incarceration of \$30,000 per offender per year. To the extent that offenders pose no public safety risk and can benefit from drug treatment, every effort should be made to divert such offenders into treatment rather than incarceration. (The recommended allocation of \$850,000 is

based on 250 offenders at a cost of \$3,400 per offender.)

Drug Courts. Appropriation of \$1.2 million to the various Drug Courts to expand their programs, including Family and Juvenile Drug Courts and Track 3 offenders eligible for treatment diversion under Act 161, SLH 2002. This treatment diversion could result in savings of over \$1 million if incarceration is avoided for six months.

Environment. Allocate \$300,000 to the Department of Health to conduct a study and analysis of the effects of methamphetamine clandestine laboratories on our environment, particularly the ground water, the disposal of toxic waste materials found at the site, the disposal of the site and provide recommendations for action.

Community Mobilization. Fund grassroots community efforts. Since police and communities need to work together to identify and dismantle drug houses, use of up to 25 percent of federal forfeiture funds for community mobilization efforts, to be distributed by local government.

Family Counseling and Support Services. Fund family counseling and support services to be allocated from either adult treatment or prevention funding sources, while requiring that evaluation criteria be established to determine the successful outcomes of the programs.

Coordination by Office of Community Services. Allocate funding to the Office of Community Services to perform the coordination role at \$200,000 per year for five years.

Sources of Funding. Explore all funding sources – Temporary Assistance to Needy Families (TANF) and other federal funds, partnership with the Office of Hawaiian Affairs to serve the Native Hawaiian population that is disproportionately affected by ice addiction, Rainy Day Fund, increase in alcohol tax, increase in General Excise Tax either statewide or permit Counties to levy and fund their own programs, state estate tax and forfeitures. The federal government announced a voucher program for treatment. The effect of the voucher program on the funding for treatment should be analyzed. An alternative source of funding is the savings resulting from reductions in government services as a result of diminished needs as the addicted population is cured or reduced.

Recommendations for Policies or Administrative Action.

Establish Goals and Criteria to Measure Success of Treatment and Prevention Programs. The Task Force recommends that:

Agencies responsible for purchase of services contracts establish baseline evaluation criteria for adult and adolescent treatment and prevention programs. Although some community agencies appear to set their own goals, there should be some objective measurement to determine the significance of the “successful outcomes” data collected. State agencies should also require contractors to compile data, implement standards for evaluation and performance goals. If a contractor fails to provide reports or data to the administrative agencies, the contract should be terminated or not renewed.

Supervising agencies for offender treatment programs develop objective criteria for measurement of a treatment program's effectiveness. Such data should be required for

inclusion with budget requests to the Legislature.

The Office of Youth Services establish reporting and evaluation criteria for the treatment programs offered in the juvenile justice system.

As a condition of funding from the Legislature, state agencies should be required to compile data, establish evaluation criteria and performance goals. State agencies should be required to report to the Legislature on a periodic basis, at least prior to the commencement of the biennial legislature, the population served, the goals and objectives of the programs, the evaluation criteria used to assess whether the goals and objectives were met and recommendations.

The Legislature should consider adopting performance goals to guide future funding decisions. Shifting funding priorities to substance abuse treatment and prevention programs should result in savings in other government service areas in three years. If the Legislature adopted performance goals for those areas that are likely to be affected by reductions in the needs for public services, then state agencies would be able to plan for reductions. In expectation of reduced funding in certain areas, a plan for personnel reduction, redirection and retraining could be developed based on future growth areas in government services.

Alternative Schools and Youth Drop Out Centers. The Department of Education (DOE) explore the feasibility of establishing alternative schools or drop out centers for adolescents who suffer from drug addiction. The DOE shall report to the Legislature its recommendations and cost analysis no later than 20 days before the convening of the 2005 Legislative Session.

Policy Guidelines on Funding Substance Abuse Prevention Programs. The Task Force recommends that the following policies guide funding for substance abuse prevention programs:

- Drug education in the schools, school partnerships with community and parents;
- Youth activities in the communities;
- Families and parenting women; and
- Community mobilization.

Substance Abuse Training for Credentialed School Employees. The Department of Education require all credentialed school personnel to undergo training in identifying risk factors and symptoms of substance abuse. Such training would be completed within two years for current employees and within their first year of employment for new credentialed school employees.

Consider Actions to Encourage Development of Clean and Sober Homes. The Task Force recommends the following actions to encourage the development of clean and sober homes or therapeutic living centers:

- Urge county governments to amend zoning ordinances to permit up to 10 unrelated persons to reside in a household to increase the capacities of clean and sober homes.

- Consider tax credit or deduction for landlords who enter into long-term leases with community organizations that provide housing related services for recovering substance

abusers.

Enhance existing loan program to provide startup costs for housing-related programs for recovering substance abusers.

Explore incentive programs for private, nonprofit, or for profit organizations to develop housing facilities.

Explore conversion or expansion of existing facilities and surplus properties.

Reallocation of Resources for Office of Community Services. Encourage the Governor to review the Office of Community Services functions to determine whether additional resources may be allocated within the existing budget for the purpose of coordinating the fight against ice.

RECOMMENDATIONS

HACDACS recommends to address the issue of substance abuse are as follows:

HACDACS recommends ensuring that substance abuse prevention and treatment services are available, accessible and affordable.

HACDACS recommends the identification and support for strengthening and expanding the capacity of evidence-based substance abuse prevention and treatment services.

HACDACS recommends the identification and support for strengthening and expanding the capacity of culturally and gender sensitive substance abuse prevention and treatment services.

HACDACS recommends support for establishing uniform performance measures for publicly funded substance abuse prevention and treatment programs.

HACDACS recommends continued support for the collaborative efforts of the Departments of Health and Public Safety, the Hawaii Paroling Authority, and the Judiciary that address substance abuse treatment for nonviolent offenders.

HACDACS recommends support for efforts to attract, credential and retain a high quality, diverse workforce that is responsive to the client population.

HACDACS recommends support for strengthening efforts that ensure accountability, as well as coordinated and collaborative responses, throughout the substance abuse prevention and treatment systems.

As stated in §329-4, HRS, the duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) are to:

- (1) Act in an advisory capacity to the department relating to the scheduling of substances provided in part II of this chapter, by recommending the addition, deletion, or rescheduling of all substances enumerated in part II of this chapter.
- (2) Act in an advisory capacity to the department relating to establishment and maintenance of the classes of controlled substances, as provided in part II of this chapter.
- (3) Assist the department in coordinating all action programs of community agencies (state, county, military, or private) specifically focused on the problem of drug abuse.
- (4) Assist the department in carrying out educational programs designed to prevent and deter abuse of controlled substances.
- (5) Encourage research on abuse of controlled substances. In connection with such research, and in furtherance of the enforcement of this chapter, it may, with the approval of the director of health:
 - (A) Establish methods to assess accurately the effects of controlled substances and to identify and characterize controlled substances with potential for abuse;
 - (B) Make studies and undertake programs of research to:
 - (i) Develop new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of this chapter;
 - (ii) Determine patterns of abuse of controlled substances and the social effects thereof; and
 - (iii) Improve methods for preventing, predicting, understanding, and dealing with the abuse of controlled substances.
- (6) Create public awareness and understanding of the problems of drug abuse.
- (7) Sit in an advisory capacity to the governor and other state departments as may be appropriate on matters relating to the commission's work.
- (8) Act in an advisory capacity to the director of health in substance abuse matters under chapter 321, part XVI. For the purposes of this paragraph, "substance" shall include alcohol in addition to any drug on schedules I through IV of this chapter and any substance which includes in its composition volatile organic solvents.

